



California  
Department of  
Health Services

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State of California—Health and Human Services Agency  
**Department of Health Services**



**ARNOLD SCHWARZENEGGER**  
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January 5, 2005

TO: Local Health Departments  
Community Health Centers  
Interested Private Immunization Providers and Organizations  
Other Interested Organizations

FROM: Howard Backer, M.D., M.P.H., Chief  
Immunization Branch

SUBJECT: Request for Applications (RFA) to Provide Collaborative Supplemental  
Efforts to Immunize High-Risk Infants and Toddlers

The Department of Health Services (DHS), Immunization Branch is issuing a new Request for Applications (RFA) for the project period beginning July 1, 2005 and ending June 30, 2008. All those who meet the eligibility criteria in the attached RFA are welcome to apply.

**Applications must be received by 5:00 pm on February 25, 2005.**

The Collaborative Project awards are intended to support effective and innovative methods to increase the up-to-date immunization status of California children. These funds are also intended to encourage the development of broad-based local collaborative efforts toward this goal. Therefore, the proposal must represent a collaborative effort by at least two of the following three health care provider sectors:

1. "public": local health departments;
2. "private": private immunization providers; and
3. "community": community health centers.

More details about the collaborative requirements are provided in the attached RFA.

The target populations for project interventions are:

- California children aged 0-24 months who are at risk for under-immunization, and/or
- Health care providers (other than local health departments, e.g. CHDP providers, community health centers, pediatricians, family practitioners) who serve these children and their families.

Applications will be accepted in the specific project categories described in the attached RFA. Funds will be awarded on a competitive basis. Both new applicants and new or continuing projects by current awardees are welcome. Collaborative projects funded during the 2002-2005 cycle must reapply for funding. Please note that due to the limited funds available, not all applicants, whether continuing or new, can expect to receive funds. DHS reserves the right to fund all or portions of a proposal, and to exclude or set funding limits for specific budget line items.

Funding requests may be made for amounts up to \$350,000; the amount requested should be appropriate to the size of the population to be served. We anticipate that a total of \$4 million will be available, although if there are state budget cuts, this amount may be reduced. Availability of funds for each year of the funding cycle is dependent upon continued annual appropriation by the Governor and the Legislature.

Any questions not addressed in the attached RFA should be directed to the Immunization Branch Field Representative for your area. A list of Immunization Branch Field Representatives, by geographic region, is enclosed (see Appendix A).

This document and all associated files are available for download from  
<http://www.dhs.ca.gov/ps/dcdc/izgroup/collab.htm>.

#### Enclosures

cc: Immunization Branch Field Representatives, CDHS-PS-DCDC  
Ken August, Deputy Director, Office of Public Affairs, CDHS  
Vanessa Baird, Chief, Office of Multicultural Health, CDHS  
Linda Rudolph, Chief Medical Officer, Quality Management Section, CDHS-MCS-  
MCMCD  
Linnea Sallack, Chief, Women, Infants & Children (WIC) Supplemental Nutrition  
Branch, CDHS-PCFH  
Susann J. Steinberg, MD, Chief, Maternal and Child Health Branch, CDHS-PCFH  
Sandra Willburn, Chief, Primary and Rural Health Care Systems Branch, CDHS-  
PCFH

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## GLOSSARY OF ACRONYMS AND ABBREVIATIONS

Acronym	Definition
CASA	Clinic Assessment Software Application, developed by CDC, is a tool used to assess clinic immunization coverage levels. Often used for data entry.
CASITA	A mini CASA assessment using a smaller sample of records than a CASA. Yields a point estimate that while not statistically significant does provide a rapid assessment of immunization coverage and helps identify missed opportunities and problems with documentation.
CBO	Community-Based Organization
CHC	Community Health Center
CHDP	Child Health and Disability Program
DHS	Department of Health Services
DTaP	Diphtheria and tetanus toxoids and acellular pertussis vaccine
HepB	Hepatitis B vaccine
Hib	<i>Haemophilus influenzae</i> type b vaccine
IAP	Immunization Area Project
ISI	Immunization Skills Institute. A training session, usually for medical assistants, on immunization techniques.
IZB	Immunization Branch
LHD	Local (i.e., city or county) Health Department
LQAS	Lot Quality Assurance Sampling. An LQA reviews 30 charts in the 19-35 month age cohort to rapidly assess immunization coverage levels by comparing outcomes of the sampled records to a certain threshold level.
MMR	Measles-Mumps-Rubella vaccine
MVP	Monthly Voucher Pickup is a strategy used at Women, Infants and Children (WIC) Supplemental Nutrition program agencies to raise immunization coverage levels of under-immunized children enrolled in WIC.
RFA	Request For Application
VFC	Vaccines For Children
WIC	Women, Infants, and Children Supplemental Nutrition Program

## OVERVIEW

### Background

The Vaccines for Children (VFC) program, first implemented in 1994, provided federally-purchased vaccines free of charge for all program-eligible<sup>1</sup> children in the United States. In addition to increasing the number of children eligible for free vaccines, VFC created substantial savings in vaccine purchase costs for California. The subsequent savings were redirected into the Immunization Initiative for local collaborative projects aimed at raising immunization rates among the highest-risk children. Contracts were awarded on a competitive basis to 22 projects that responded to the initial Request for Applications (RFA) issued by the Department of Health Services (DHS), Immunization Branch. A second RFA was initiated in 1998 and 25 contracts were awarded; a third RFA was initiated in 2002 and 26 contracts were awarded.

### Purpose

To support effective and innovative methods to increase the up-to-date immunization status of California children aged 0-24 months who are at high risk for under-immunization, and to encourage the development of broad-based local collaborative efforts toward this goal.

### Target Populations Defined

The target populations for project interventions are

- California children *aged 0-24 months* who are *at risk for under-immunization*, and/or
- Health care providers (other than local health departments, e.g. CHDP providers, community health centers, pediatricians, family practitioners) who serve these children and their families.

Children “at risk for under-immunization” are those

- whose families experience *barriers to health care access* (as defined below);
- who come from families where personal and/or cultural beliefs result in avoided or delayed immunizations;
- who are members of any group with historically low immunization rates (whether or not reasons are known).

“Barriers to health care access” include, but are not limited to:

- geographic barriers (e.g., migratory workers, living in isolated rural areas);
- financial barriers (e.g., homeless, poverty, undocumented status, un- or under-insured);
- cultural barriers (e.g., immigrants from cultures with dissimilar medical practices or health beliefs, those for whom language barriers present a problem);
- psychosocial barriers (e.g., children of teen parents, parents with mental health or substance abuse problems).

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<sup>1</sup> Children who are eligible for VFC vaccine are 18 years old or younger and meet at least one of the following criteria: (1) Medicaid-eligible; (2) Uninsured; (3) Underinsured (health insurance benefit plan does not include vaccinations); (4) American Indian or Alaska Native (as defined by the Indian Health Services Act). For more information please see <http://www.cdc.gov/nip/vfc>.

## **WHAT IS REQUIRED OF APPLICANTS?**

### **Collaborative Requirement**

The proposal must represent a collaborative effort by, and be co-signed by, at least two of the three provider sectors listed here:

1. “public”: local health departments;
2. “private”: private immunization providers; and
3. “community”: community health centers.

If the lead agency or individual is not from one of these sectors, the signature of the lead agency or individual must also be included. School districts, universities, community groups and other interested parties may also participate as collaborators.

Although we encourage community-wide collaboration, competing applications may be submitted by different groups offering services in the same geographical area. Agencies or individuals may participate in more than one proposal.

### **Fiscal Management Requirement**

One of the co-signers, which must be a non-profit health care provider or county or city government entity (excluding school districts), must have the ability to fiscally manage the proposed project, including distributing funds received from DHS to other appropriate project collaborators. The co-signer who acts as fiscal manager may use a non-profit fiscal agent.

### **Letter of Intent Requirement**

Prospective applicants must submit a brief (one page maximum) Letter of Intent to the Immunization Branch by February 4, 2005. The process for submitting the Letter of Intent is described on page 6.

### **Notice of Application Requirement**

Initiators of proposal applications must provide a “Notice of Application” to county or city health departments, community health centers and appropriate private immunization providers in the proposed service areas. A checklist to assist you in determining who to notify can be found in Appendix C. The reason for this requirement is two-fold. First, you are encouraged to notify all potential stakeholders in your area so that there will be no duplication of efforts or “reinventing the wheel.” Second, you are encouraged to tell local stakeholders about your proposed project so that opportunities for collaboration are maximized.

Send the notices to potential stakeholders prior to or concurrent with the submission to DHS-IZB of your application.

## HOW WILL PROJECTS BE SELECTED?

### Selection Process

A review panel consisting of Immunization Branch representatives and external immunization professionals will review and rank the applications. The final determination on awards and on the amounts to be awarded will be made by the Immunization Branch. All decisions are final.

### Announcement of Awards

Contract awards will be announced on April 15, 2005 or as soon as possible thereafter. For each successful applicant the State will develop a contract with only one organization or entity, which must be a non-profit health care provider and/or government entity (or the non-profit fiscal agent of the non-profit provider or government entity). This entity will be responsible for dispersing funds to other collaborators who are also to receive funding.

State contracting regulations require that contractors be paid in arrears for activities undertaken. Typically, this means that a contractor submitting an invoice at the end of each 3-month quarter receives payment during the following quarter. Those applying for funds should clearly understand that this will be the method of reimbursement from DHS.

### Milestones and Deadlines

- |           |   |
|-----------|---|
| 1/5/2005  | RFA released (mailed out, posted on website, etc).  |
| 2/4/2005  | Letter of Intent must be received at DHS-IZB in Berkeley by 5:00 pm on this date. NO FAXED OR EMAILED LETTERS WILL BE ACCEPTED!   |
| 2/25/2005 | Applicants must send a Notice of Application to potential stakeholders prior to or concurrent with application submission to DHS-IZB. (See page 4 and Appendix C for more information).                     |
| 2/25/2005 | Applications must be received at DHS-IZB in Berkeley by 5:00 pm on this date. <b><u>Applications received after deadline will not be considered.</u></b> NO FAXED OR EMAILED APPLICATIONS WILL BE ACCEPTED! |
| 2/28/2005 | Acknowledgement of receipt of applications will be mailed out by IZB on this date. Please note that it is the responsibility of the applicant to confirm that application was received.                     |
| 4/15/2005 | Contract awards will be announced. All decisions are final.   |

**Application Procedures**

- 1) Submit Letter of Intent by 5:00 pm on February 4, 2005.

FAXED OR EMAILED LETTERS WILL NOT BE ACCEPTED.

If you intend to submit an application, submit a brief (one page) Letter of Intent to:

Sarah Carroll, PhD, Research Coordinator  
California DHS, Immunization Branch, MS 7313  
2151 Berkeley Way, Room 712  
Berkeley, CA 94704  
tel: (510) 540-2484

NOTE: Please specify a contact email address in your Letter of Intent, as additional application materials may be sent electronically.

- 2) Send Notice of Application letters to your stakeholders.

This should occur prior to or concurrent with submission of your application to DHS-IZB.

- 3) Submit Application by 5:00 pm on February 25, 2005.

FAXED OR EMAILED APPLICATIONS WILL NOT BE ACCEPTED.

An original and three copies of your complete application should be submitted to:

Sarah Carroll, PhD, Research Coordinator  
California DHS, Immunization Branch, MS 7313  
2151 Berkeley Way, Room 712  
Berkeley, CA 94704  
tel: (510) 540-2484

**APPLICATIONS RECEIVED AFTER THE DEADLINE**

**-- 5:00 PM ON 2/25/05 --**

**WILL NOT BE CONSIDERED.**



## WHAT PROJECTS ARE ELIGIBLE FOR FUNDING?

### Project Categories

Five categories have been established for funding applications. These categories have been developed based on the experience gained by existing collaborative projects over the last several years. The last category, “Innovative and/or Existing Successful Projects Not Elsewhere Classified”, is designed to encourage new ideas and strategies and to allow for possible continuation of an existing project which, while successful, does not fit into one of the other three categories. Collaboratives may submit a single application containing multiple project proposals in one or more of the approved categories.

Possible types of program planning data and the types of process and outcome evaluation measures which might be appropriate for projects in each category are suggested below. Since local conditions and the availability of planning data vary, specific data elements are intended only as suggestions. Additionally, each category covers a broad range of possible projects and approaches which may necessitate different evaluation methods.

#### Category I: Private Health Care Providers

This category includes Applications for outreach efforts aimed at private immunization providers. Projects in this category can target their efforts at physicians or their office staff (e.g., medical assistant training). Projects working with private physicians should include both an assessment component for determining the immunization rates of 0- to 24-month-olds in private provider offices and an education / feedback component. The assessment component should employ a formal assessment tool. CASA, CASITA, or other methods of Lot Quality Assurance Sampling (LQAS) may be used. The education / feedback component should emphasize tools to improve immunization rates and reduce missed opportunities and include an effective method for delivering this information to private providers and their staff. Education or feedback should be clearly based on the results of the practice assessments. Medical assistant trainings should follow the curriculum devised by the Immunization Skills Institute (ISI) and should be part of an overall provider education plan. Additional information on ISI can be obtained by contacting your local field representative. Immunization Branch speakers are available on a limited basis for presentations in local areas. To schedule a Branch speaker contact your field representative or Sandra Jo Hammer, Nurse Consultant, at 510-540-2198 or at [shammer@dhs.ca.gov](mailto:shammer@dhs.ca.gov).

Applicants in this category should specify the number of providers (physicians or office staff) and practices to be reached, and the quantity and demographic characteristics of the patients these practices serve. Existing data about current immunization rates should also be provided if available.

The evaluation plan for this category should be based on follow-up with provider offices or medical assistants to determine the effectiveness of the outreach. Measurements should, at a minimum, include number and type of changes implemented by participating practices or providers. Follow-up assessments of immunization rates in a sample of practices after a specified time (6-12 months) are also encouraged where feasible.

Category II: Case Management / Follow-up / Investigative Tracing

Projects in this category can include enhanced BabyTrack-type projects, direct case management with children at high risk for under-immunization, and investigative tracing of children lost to follow-up. With regard to the latter, please note that collaborative funding to local health department or community health centers is meant to “supplement, not supplant”, that is, to augment rather than provide the basic clinic reminder / recall systems which are currently mandated under the terms of the County Immunization Area Project (IAP) contract and the Community Health Center funding requirements.

Applications should specify the referral source for cases; number and type of anticipated cases; demographic characteristics of the caseload; baseline immunization rates if available (e.g., clinic CASA rates); the methodology to be used for referral and tracking; and a procedure for long-term evaluative follow-up to determine when children actually were immunized. The application should provide a rationale for conducting home visits or using other labor-intensive tracking methods if these are planned.

The evaluation portion of the application should include recordkeeping and assessment plans for determining what types of tracking procedures worked best for each type of client and the amount of staff time / cost expended per child tracked. Where data are available, outcomes should be measured by changes in CASA rates at participating clinics or practices, or by comparison with another source of existing baseline data, if feasible.

This category also covers special, more intensive outreach efforts including various forms of one-to-one education with families whose children are at high risk of under-immunization. Methods such as health promoter models, may be included in this category. While outreach efforts can be aimed primarily at educating at-risk families in the community, these projects can also be combined with a case management / follow-up approach which tracks individual children through the immunization series.

Since this category is not intended to replace basic community health promotion or notification efforts, it is particularly important that the application clearly specifies the target audience(s) to be reached. These target audience(s) must be composed primarily of at-risk families. Data about the size and composition of the target audience(s) must be provided. Particular outreach methodologies planned and a discussion of why these methods were selected for each target audience should also be included. At a minimum, data to support a process evaluation (i.e., number and type of audience contacted by type of outreach effort conducted) should be included in the plan. If possible, a CASA-type record review or a follow-up survey of a sample of cases also should be planned to measure the impact of the outreach efforts. Qualitative evaluation also may be used to assess the appropriateness of particular outreach methodologies for different target groups.

### Category III: WIC

The WIC category involves collaboration with one or more local WIC agencies in the project area. For the FY 2005-08 funding cycle, projects in this category must focus on all of the following:

1. Interventions of WIC client immunization assessment and referral, *and*
2. Required use of regional / state immunization registries, *and*
3. One or more DHS Immunization Branch-approved “third component(s).”

Approved third components to this intervention include one or more of the following:

*Monthly Voucher Pickup (MVP).* The Monthly Voucher Pick-up (MVP) strategy is used to help provide closer follow-up and support for parents who need more assistance in getting their children immunized. Typically, this means children found upon assessment to be currently overdue for one or more immunizations are issued a one-month supply of WIC checks and assistance in obtaining immunizations until they receive the overdue immunizations. At that time, they are returned to a standard schedule of receiving 2- or 3-month supplies of WIC checks. For a sample protocol using the WIC immunization assess/refer/MVP strategy, contact Deborah Starbuck as described on page 10.

*Escort of children to a co-located site for immunizations.* Children found on assessment to be currently due or overdue for one or more immunizations are escorted to a co-located or nearby health care provider, clinic, mobile van, etc., for same day immunization. While “express” service is preferred, immunization—at a minimum—should be provided within a reasonable waiting period.

*On-site immunizations.* Children found on assessment to be currently due or overdue for one or more immunizations are provided needed immunizations on-site at the WIC center. Note: On-site immunization clinics at WIC locations, while not strongly encouraged, may be considered for funding if the projected number of children receiving services is high enough to warrant the activity. Each project proposal that includes an on-site clinic should include a backup plan in case the clinics do not reach enough children to warrant continued funding.

*Other innovative strategy.* WIC agencies performing immunization assessment and referral plus some component(s) not described above can be considered for funding, contingent upon their application demonstrating to the satisfaction of DHS Immunization Branch that the intervention can truly result in a substantive increase in immunization coverage in the agencies’ clienteles. Example: WIC staff working with parent of behind-schedule child to schedule appointment with provider for the needed immunization(s). Such an option might be considered for funding on an investigational basis, with appropriate evaluation built into the proposal.

WIC-related projects have the following additional requirements:

1. The three-part intervention must be applied at least at each certification / recertification for infants and children up to at least age 24 months.
2. Immunization registries are information systems that contain childhood immunization records. Applicants who receive collaborative funding will be required to use their regional or statewide immunization registry. Applicants in the WIC category must demonstrate that the local WIC agency/agencies and the immunization registry are collaborating by obtaining signatures from both the WIC agency administration and the regional immunization registry manager on the collaborative application submission. By September 1, 2005 WIC and the immunization registry will have developed a plan for WIC to use the immunization registry, and by October 1, 2005 WIC will begin to implement the plan and use the immunization registry, until fifteen (15) sites or 25,000 infants and children (or all sites, if the WIC agency has fewer than 15 sites/25,000 infants/children) are fully integrated with the registry by June 30, 2007. (Note: Neither ISIS-IZ nor ITS LA is one of the regional immunization registries, nor are they part of the statewide immunization registry).
3. Proposals should be directed at increasing the number of children immunized by 24 months to at least 80% coverage with 4 DTap, 3 Polio, 1 MMR, 3 Hib, and 3 Hepatitis B vaccine doses.
4. Proposals must specify the number of children in the target age group that the project expects to reach, and the number of WIC locations to be served.
5. Health education activities can be included as a component of the project, but should not be its sole focus.
6. A quantitative evaluation component must be incorporated for all WIC-related projects. "CASA" type assessments should be routinely conducted at each site, in accordance with timelines and report forms provided by DHS Immunization Branch. Registry software can help with such assessments. Additionally, the number and demographic characteristics of children assessed, referred, and/or provided onsite immunizations should be closely monitored to determine if the project continues to effectively reach the target audience.<sup>2</sup>

Interested applicants can contact Deborah Starbuck in DHS Immunization Branch at [dstarbuc@dhs.ca.gov](mailto:dstarbuc@dhs.ca.gov) or 510-540-2285 for more information on WIC, for a sample protocol using the WIC immunization assess/refer/MVP strategy, or for information on agencies using MVP in California (including results of parent interviews and staff focus group discussions at these agencies).

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<sup>2</sup> Some useful references on evaluations of WIC-Immunization interventions include:

Assess / Refer alone - Ashkar SH et al.: *Arch Pediatr Adol Med* 2003; 157: 456-462. Hoekstra EJ: *JAMA* 1999;280:1143-7. Golden R: DrPH Dissertation, UCLA School of Public Health, 1997. Birkhead GS: *JAMA* 1995;274:312-6.

Assess / Refer / Immunization Reminder Notifications - Shefer AM: *J Pub Health Mgt Pract* 2002;8:56-65. Hoekstra E: *J Pediatr* 1999;135:261-3.

Assess / Refer / Monthly Voucher Pickup - Shefer AM: *J Publ Health Mgt Practice* 2002;8:56-65. Hutchins SS: *J Publ Health Pol* 1999;20:408-24. Hoekstra EJ: *JAMA* 1998;280:1143-7. Needham D: Presentation at 31st National Immunization Conference, Atlanta, GA, May 19-22, 1997. Birkhead GS: *JAMA* 1995;274:312-6.

#### Category IV: Increasing Immunization Registry Participation of Medi-Cal Providers

The Immunization Branch has been working in partnership with the Medi-Cal Managed Care Division via an Immunization Collaborative Group (ICG) since 2003. Medi-Cal managed health plans from across the state are involved in this group with the objective of furthering participation of Medi-Cal providers in California's nine regionally-based immunization registries.

State-level collaborative activities have included trainings on registry benefits, legal and technical issues, and registry software demonstrations. ICG collaborating plans have sought to identify high-volume Medi-Cal managed care providers so that registry recruitment efforts can be appropriately targeted.

Applicants in this category must facilitate collaboration between a regional immunization registry and either (1) a Medi-Cal Managed Care plan or (2) Medi-Cal providers who are not part of a Medi-Cal Managed Care plan. Note that funding priority will be given to the former, in counties where a Medi-Cal Managed Care plan exists.

Strategies identified by the ICG and recommended for collaborative grants under this category include:

- Provider office technology assessment.
- Provider office recruitment, registry promotion, and long-term retention.
- Other incentives for providers to participate.
- Data entry support for entering historical patient immunization records.
- Technical support (e.g., computer network maintenance).
- Data exchange or assistance in building interfaces between the registry and existing medical office electronic medical records or billing systems.
- Support of medical office registry new-user trainings and customer service activities.
- Identifying and eliminating immunization disparities in underserved, under-immunized and disadvantaged children aged 0-24 months.

#### Category V: Innovative and/or Existing Successful Projects Not Elsewhere Classified

This category can be broadly interpreted to include research-oriented projects aimed at testing particular methods of increasing immunization rates, other projects that suit local needs or community-specific outreach or planning strategies, or projects not fitting one of the other four categories. Existing projects that do not fit one of the other four categories can also be submitted if you can provide evaluation data that support the effectiveness of the project. Applications in this category should focus on a careful description of project planning strategies and the methods that will be used to evaluate project outcomes.

## Project Exclusions

### Collaborative funds cannot be used for the following:

- Conducting standard CASA assessments at CHC or LHD clinics—which are required under the terms of existing subvention contracts.
- Developing *community-wide* immunization action plans, because the focus of these projects should be children who are particularly at risk and their providers.
- Providing basic patient education at clinic sites.
- Purchase of vaccines or general clinic supplies.
- Purchase of vans or other motor vehicles.
- Equipment purchases exceeding \$25,000.
- Space or equipment rental in excess of five percent (5%) of the total dollar amount awarded.
- Clinic operation overhead.
- Funding for general, unspecified project coordination and nonspecific overhead costs.
- Indirect costs. However, reasonable and appropriate fees charged by third party non-profit fiscal agents for managing the funds are permitted.
- Performing basic community outreach functions to the general population (e.g., distributing flyers and clinic schedules, staffing booths at health fairs, speaking to community groups, or other functions which, in general, are more appropriately funded out of County IAP or CHC contracts).
- Outreach to the business community or, in general, outreach to non-target audiences including general community door-to-door campaigns.
- Activities, including supervisory or managerial activities, not directly related to the proposal.

### Application funding is discouraged for the following, unless appropriate justifications are made:

- Funding direct clinic services, including special and offsite clinics. Exceptions may include existing collaborative projects reapplying for funding for special clinics which have proven successful in effectively serving the target audiences and for new special clinics in areas that are clearly documented as medically underserved.
- Purchasing media services, except if targeting outlying areas not covered by statewide or national campaigns.
- Development of new health education materials, unless a specific need is identified for which materials aren't already available.
- General demographic research and research intended to identify knowledge, attitudes, and beliefs, unless this relates to a clearly defined problem in a specific "high risk" community.

## APPLICATION GUIDELINES / FORMAT

The completed application must include all elements described below. The cover page and budget forms are attached as Appendices E and F.

### I. Cover Page

Please use the form provided in Appendix E. An electronic version of this form is available for download from <http://www.dhs.ca.gov/ps/dcdc/izgroup/collab.htm>. Original signature(s) are required on at least one of the submitted copies.

### II. Project Narrative

Please follow the format described below. An electronic version of this format is available for download from <http://www.dhs.ca.gov/ps/dcdc/izgroup/collab.htm>.

**NOTE: Limit the Project Narrative section to a maximum of five single-spaced pages with at least a 12-point font and one-inch margins.**

- A. **CONTEXT:** What is the current local context for the project you are proposing? Please state the source(s) for any numbers you provide. Some basic information is provided for you in Appendix B.
1. Briefly describe the proposed service area including basic demographics (race / ethnicity, income / Socio-economic Status (SES), education level of parents, number of children aged 0-24 months, etc.).
  2. Describe the existing immunization delivery systems in the area. Where do children 0-24 months get their immunizations in your area? Who are their providers?
  3. Who specifically will be served by your proposed project? Provide as much data as possible on the size of the target population, current immunization status of the target population, and the demographic and other characteristics which qualify the specified group(s) for inclusion in one of the approved target audience categories.
- B. **PURPOSE / RATIONALE:** Why this project, why now?
1. What general problem(s) and/or need(s) will your proposed project address?
  2. Why is this problem significant / important to address at this time?
  3. Discuss the rationale for the proposed program or intervention: why is the project you are proposing a good approach, and/or why do you expect this approach to be successful?

C. PAST EFFORTS: What has been tried before to address this particular problem / need?

1. What has already been tried locally? Summarize current efforts to increase immunization rates of the target population via public or private efforts, and describe how your project applications will supplement rather than supplant existing efforts.
2. What has been tried elsewhere (programs you've heard about at conferences, articles / books that describe interventions that work, etc.)? Describe past efforts to address the problem and/or other existing data or published studies which would support the particular focus you have chosen.

D. OBJECTIVES: What are the specific, measurable objectives of the project you are proposing?

[Example: "By June 30, 2006, the Local Health Department and the Medical Society will improve the recordkeeping practices of 15 private providers by 25% as measured by the number of recommended techniques they adopted."]

E. EVALUATION: How will you be able to tell if you are meeting your objectives?

1. Describe how you will evaluate the success or failure of each objective. Specify quantifiable outcome measures (e.g., changes in CASA rates or other measures of immunization coverage in the target population) to the extent possible.
2. Describe what data (or qualitative methods) you will obtain in order to complete the evaluation, the sources of this information, and the instruments that will be used for its collection.

F. COLLABORATORS & STAKEHOLDERS: Who will be involved with the proposed project?

1. Who are the appropriate collaborators, and what will each partner bring to the table? Describe the collaborators who will be participating in the project, their qualifications, and (if appropriate) their contributions to other collaborative immunization efforts.
2. Who are the stakeholders (other than your collaborators described above) that will be notified that you are planning this project? Please list the names of the organization or entities (address and contact information is not needed). (Refer to the Notification Requirement Checklist in Appendix C.)

### III. Action Plan

Who will do what, in what order and by what date?

Identify the steps that will be taken to accomplish each objective, which collaborator(s) will be responsible for carrying out each step, and the expected completion date and outcome for each objective. You may use any format you like in presenting this information; however, a sample format is provided for you in Appendix D, and is available for download from <http://www.dhs.ca.gov/ps/dcdc/izgroup/collab.htm>.



#### IV. Budget

Please use the forms provided in Appendix F. Electronic versions of these forms are available for download from <http://www.dhs.ca.gov/ps/dcdc/izgroup/collab.htm>.

**Reminder: Types of activities which will not be funded are detailed in the “Project Exclusions” section on page 12.**

- A. Prepare a detailed 12-month budget for each project category<sup>3</sup>, using the attached format (see Appendix F). The budget should include all personnel, fringe benefits, operating expenses, supplies, travel, and other expenses associated with the proposal. Separate pages should be included for each collaborator or other subcontractor who will receive funds from the project.
- B. The budget justification must clearly indicate the role each of the items in the budget will play in carrying out the project.

#### V. Additional Required Materials

- A. Attach a copy of the “Notice of Application” that you sent to potential stakeholders, with a complete “cc” list of recipients.
- B. Attach signed letters of agreement from collaborators indicating their acceptance of the responsibilities described in the Project Narrative.

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<sup>3</sup> When only one position is requested to perform a variety of projects (as has been the case in some rural areas), only one budget is needed. In these cases, separate budgets do not need to be calculated for each project category.

**APPENDIX A**  
**List of Immunization Branch Field Representatives**

<b>Field Representative Contact Information</b>	<b>Counties</b>
Judi Camacho Immunization Program Placer County Health Department 11484 B Avenue Auburn, CA 95603 (530) 886-3679 <a href="mailto:jcamacho@dhs.ca.gov">jcamacho@dhs.ca.gov</a>	Butte, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yolo, Yuba
Nathan Chatman Immunization Project Orange County Health Care Agency P.O. Box 6099, Bldg. 50 Santa Ana, CA 92706 (714) 834-7829 <a href="mailto:nateaust@earthlink.net">nateaust@earthlink.net</a>	Orange, San Bernardino, Santa Barbara, Ventura
John Hetsko Immunization Program San Diego County Health Dept. P. O. Box 85222 San Diego, CA 92186 (619) 692-8423 <a href="mailto:john.hetsko@sdcounty.ca.gov">john.hetsko@sdcounty.ca.gov</a>	Imperial, Riverside, San Diego
Pat Kirby Immunization Branch Fresno Field Office 3374 E. Shields Ave, Rm C-20 Fresno, CA 93726 (559) 228-5840 <a href="mailto:pkirby@dhs.ca.gov">pkirby@dhs.ca.gov</a>	Alpine, Amador, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Benito, San Joaquin, San Luis Obispo, Stanislaus, Tulare, Tuolumne
Wendi Cate (510) 238-8550 Sophia Vourthis (510) 267-8003 Immunization Project 100 38 <sup>th</sup> St., Rm 1300, 1st Floor Richmond, CA 94805 <a href="mailto:wcate@hsd.co.contra-costa.ca.us">wcate@hsd.co.contra-costa.ca.us</a> <a href="mailto:sovourt@co.alameda.ca.us">sovourt@co.alameda.ca.us</a>	Alameda, Berkeley City, Contra Costa, Marin, Monterey, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma
Melissa Ely Moore Los Angeles County Immunization Program 3530 Wilshire Blvd., Suite 700 Los Angeles, CA 90010 (213) 351-7482 <a href="mailto:melymoore@ladhs.org">melymoore@ladhs.org</a>	Los Angeles, Long Beach City, Pasadena City

**APPENDIX B**  
**County-level Demographic Data**

The following tables contain official California Department of Finance projected population data as of July 1, 2005.

**Projected 2005 California Population, By County and Race/Ethnicity**

County	White	Hispanic or Latino	Native Hawaiian or Other Pac Isl	African- American	American Indian or Alaska Native	Asian	Multiple Race	Total
<b>California</b>	<b>15852937</b>	<b>13220223</b>	<b>130647</b>	<b>2456783</b>	<b>296990</b>	<b>4158349</b>	<b>738295</b>	<b>36854224</b>
Alameda	529064	342977	12211	201622	10448	394163	47653	1538138
Alpine	911	110	1	7	256	4	45	1334
Amador	30927	3509	31	1436	751	445	680	37779
Butte	164910	27551	372	3985	5787	9031	5417	217053
Calaveras	38963	3509	41	472	940	421	975	45321
Colusa	9003	10728	87	103	435	306	291	20953
Contra Costa	539201	223797	4337	98039	8009	133203	28248	1034834
Del Norte	19598	4229	20	1180	1845	710	1043	28625
El Dorado	144060	18309	199	1124	2332	4700	3343	174067
Fresno	294664	442239	774	49388	12465	70159	13022	882711
Glenn	17359	8598	23	159	489	1141	517	28286
Humboldt	104264	10309	270	1193	7923	2233	4726	130918
Imperial	27020	120012	88	7007	2179	3348	866	160520
Inyo	13372	2593	18	25	1810	202	512	18532
Kern	318485	325599	933	47361	11499	30757	11955	746589
Kings	56259	66699	243	11963	1871	4290	2374	143699
Lake	49132	9000	94	1689	2335	583	1553	64386
Lassen	25218	5376	179	3437	1103	317	695	36325
Los Angeles	3218597	4665148	23537	963933	31397	1092105	150923	10145640
Madera	59957	66430	193	5776	2298	1983	2151	138788
Marin	194626	31206	386	7275	904	11455	5433	251285
Mariposa	15084	1660	22	132	668	151	504	18221
Mendocino	64830	17490	125	781	4023	1346	2221	90816
Merced	94429	121072	352	7963	1755	14869	4280	244720
Modoc	7611	1208	7	68	425	70	267	9656
Mono	10404	2723	10	70	307	179	239	13932
Monterey	152958	219774	1811	18032	2350	24720	9260	428905
Napa	86079	37051	297	2212	1405	4892	2436	134372
Nevada	88662	6365	79	403	1281	1067	1792	99649
Orange	1458545	1026908	11206	48785	18509	457790	52979	3074722
Placer	247927	31528	400	4908	2622	10404	5806	303595
Plumas	18493	1327	22	189	508	143	481	21163
Riverside	816723	790878	5237	128911	15581	83981	30276	1871587
Sacramento	680561	283034	10657	154156	25210	195045	45891	1394554
San Benito	26226	28963	81	560	318	1408	896	58452
San Bernardino	579770	978161	7264	201148	13103	127412	35233	1942091
San Diego	1523362	959943	14925	169917	21654	300252	73269	3063322
San Francisco	353013	115333	3818	54460	2813	246954	18901	795292
San Joaquin	277708	229917	2224	50466	9074	74167	16010	659566
San Luis Obispo	193333	48288	273	5439	2152	8257	4892	262634
San Mateo	350376	174312	10403	16398	2812	149952	19152	723405

County	White	Hispanic or Latino	Native Hawaiian or Other Pac Isl	African- American	American Indian or Alaska Native	Asian	MultiRace	Total
Santa Barbara	223550	157679	726	8250	3412	18130	7852	419599
Santa Clara	779940	442171	5301	47941	6032	435420	40525	1757330
Santa Cruz	166285	76994	356	2276	1496	9228	5677	262312
Shasta	146929	13669	188	2364	8839	4709	4687	181385
Sierra	3186	241	3	6	64	6	65	3571
Siskiyou	37088	3853	56	612	1748	591	1303	45251
Solano	173739	92760	4068	70108	5730	63577	17528	427510
Sonoma	350719	92964	1051	7300	5306	17807	10967	486114
Stanislaus	262288	187364	1908	16274	6797	23043	10962	508636
Sutter	48050	22665	175	1861	1649	11905	1992	88297
Tehama	45038	10917	54	411	1421	634	1318	59793
Trinity	11333	694	16	63	723	121	567	13517
Tulare	149459	231408	297	6751	4675	10876	4829	408295
Tuolumne	48668	4895	93	1187	1399	512	1245	57999
Ventura	358230	347935	2224	12976	10296	71131	14496	817288
Yolo	103130	59101	730	4062	2307	20581	4474	194385
Yuba	43621	11050	151	2169	1450	5463	2601	66505

**Projected 2005 California Children Aged 0 To 23.9 Months, By County and Race/Ethnicity**

County	White	Hispanic or Latino	Native Hawaiian or Other Pac Isl	African- American	American Indian or Alaska Native	Asian	MultiRace	Total
<b>California</b>	<b>324982</b>	<b>553036</b>	<b>3367</b>	<b>66162</b>	<b>7342</b>	<b>97603</b>	<b>21709</b>	<b>1074201</b>
Alameda	10199	14189	308	5263	260	9816	1170	41205
Alpine	12	0	0	0	8	0	0	20
Amador	404	85	0	0	24	21	17	551
Butte	2448	1301	27	177	213	346	184	4696
Calaveras	550	111	0	32	13	4	16	726
Colusa	178	444	0	0	20	8	12	662
Contra Costa	11155	9203	113	2704	152	3016	667	27010
Del Norte	347	116	0	0	68	17	27	575
El Dorado	2509	807	0	27	50	125	116	3634
Fresno	5463	21032	23	1607	296	2120	418	30959
Glenn	453	373	0	4	8	32	18	888
Humboldt	1829	458	8	48	338	43	186	2910
Imperial	437	4910	0	121	83	112	15	5678
Inyo	215	88	0	0	40	4	32	379
Kern	7350	15812	24	1334	300	785	451	26056
Kings	1432	2720	4	294	76	124	94	4744
Lake	813	299	0	41	87	12	60	1312
Lassen	513	81	8	4	31	0	27	664
Los Angeles	64229	185258	586	25108	735	21420	4286	301622
Madera	1247	3393	0	83	48	45	47	4863
Marin	3877	954	4	85	7	193	94	5214
Mariposa	223	53	0	0	12	0	8	296
Mendocino	1164	922	0	18	160	26	72	2362
Merced	2091	5590	12	234	28	415	262	8632
Modoc	129	2	0	0	20	0	13	164
Mono	179	102	0	0	0	4	7	292
Monterey	2789	10333	54	375	46	494	231	14322
Napa	1396	1450	8	62	32	114	77	3139
Nevada	1661	144	0	0	20	31	45	1901
Orange	30467	42759	282	1154	396	11358	1460	87876
Placer	5673	1126	9	118	68	308	250	7552
Plumas	330	43	0	10	9	4	8	404
Riverside	16256	40139	146	4216	447	1933	1177	64314
Sacramento	16291	14023	302	5047	659	5577	1555	43454
San Benito	610	1140	0	16	4	51	12	1833
San Bernardino	10153	40738	245	5822	287	2962	1034	61241
San Diego	30893	40545	376	4678	463	7608	2080	86643
San Francisco	11034	2059	67	621	25	3132	408	17346
San Joaquin	5675	10518	59	1694	183	1991	605	20725
San Luis Obispo	2438	1632	4	36	24	125	105	4364
San Mateo	9072	5892	278	235	51	3738	469	19735

County	White	Hispanic or Latino	Native Hawaiian or Other Pac Isl	African- American	American Indian or Alaska Native	Asian	MultiRace	Total
Santa Barbara	3650	6944	28	138	78	307	418	11563
Santa Clara	17746	16504	89	1160	132	13064	1044	49739
Santa Cruz	2870	3128	4	24	28	201	105	6360
Shasta	3049	583	4	79	294	93	117	4219
Sierra	63	0	0	0	0	0	0	63
Siskiyou	632	112	0	4	41	10	28	827
Solano	3758	4034	99	1976	93	1306	588	11854
Sonoma	6057	3941	24	172	116	389	255	10954
Stanislaus	5970	8826	48	510	141	637	472	16604
Sutter	1054	1068	4	60	50	437	44	2717
Tehama	960	473	0	4	19	6	32	1494
Trinity	202	18	0	0	8	0	21	249
Tulare	3372	11797	4	248	176	293	121	16011
Tuolumne	726	119	0	12	21	10	36	924
Ventura	7515	11534	65	329	267	2113	439	22262
Yolo	1818	2546	35	86	31	383	92	4991
Yuba	1356	565	16	92	56	240	82	2407

**APPENDIX C**  
**Notification Requirements Checklist**

Notified?	Entity or Organization to be Notified
	The county / city Health Officer
	The county / city health directors of the Immunization Program, the Maternal, Child and Adolescent Health program(s) and the Child Health and Disability Prevention (CHDP) program
	The director of each community health center or clinic which serves any part of the proposed service area
	The county or regional medical society or the California Medical Association if no local medical society exists
	The nearest local chapter of the American Academy of Pediatrics and any other local society of pediatricians in the proposed service area
	The California Academy of Family Physicians and/or any local society of family physicians in the proposed service area
	The California chapter of the American College of Obstetricians and Gynecologists in the proposed service area
	Minority physician groups in the proposed service areas
	The California Nurses Association and/or local associations of nurses and/or nurse practitioners in the service area.
	Local Women, Infants, and Children (WIC) Supplemental Nutrition program agencies in the proposed service area



## APPENDIX D

### Sample Format for Action Plan

Here is a sample format for the Action Plan requested on page 14, above. A Microsoft Word “landscape” version of this form is available for download from <http://www.dhs.ca.gov/ps/dcdc/izgroup/collab.htm>.

WHAT		HOW		WHEN	WHO	
Objective	Steps to Achieve the Objective	How will it be demonstrated that this step is complete?	How will outcome (success) be evaluated?	Expected Completion Date	Who is responsible for the completion of this step?	Who else will participate in this step?
Describe first objective here.	Step 1 description					
	Step 2 description					
Describe next objective here.	Step 1 description					
	Step 2 description					
	Step 3 description					
etc.						

**APPENDIX E**  
**Application Cover Page**

A printed version of the cover page form is attached following this page. An electronic fillable version of this form is available for download from <http://www.dhs.ca.gov/ps/dcdc/izgroup/collab.htm>.

California Department of Health Services  
Immunization Branch  
Collaborative Application Cover Page

Instructions: Please type in your project title then use the forward tab to advance to the next field. Use your mouse to click on and select a check box or press the space bar at the check box to select it.

Project Title:

County: Total Budget Requested:

➤➤➤ Original Signatures Required on at Least One Copy ◀◀◀

<b>Lead Agency:</b> Address:	Contact Name: Contact Title: Contact Phone:       -       -       Ext. Contact E-mail:		
This organization is ( <i>check one</i> ): <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Community			
<i>My signature indicates that I have read the attached project narrative. I understand and accept the responsibilities described herein on behalf of my organization.</i>			
Signature: _____ Date: _____			
<b>Primary Collaborator:</b> Address:	Contact Name: Contact Title: Contact Phone:       -       -       Ext. Contact E-mail:		
This organization is ( <i>check one</i> ): <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Community			
<i>My signature indicates that I have read the attached project narrative. I understand and accept the responsibilities described herein on behalf of my organization.</i>			
Signature: _____ Date: _____			
<b>Fiscal Agent:</b> Address:	Contact Name: Contact Title: Contact Phone:       -       -       Ext. Contact E-mail:		
This organization is ( <i>check one</i> ): <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Community			
<i>My signature indicates that I have read the attached project narrative. I understand and accept the responsibilities described herein on behalf of my organization.</i>			
Signature: _____ Date: _____			
(Check One)			
<b>Additional Collaborating Organizations</b>	Public	Private	Community
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**APPENDIX F**  
**Application Budget Pages**

Printed versions of the required budget pages (Exhibits B and C) are attached following this page. These documents are available for download in electronic fillable form from <http://www.dhs.ca.gov/ps/dcdc/izgroup/collab.htm>.

**Exhibit B**  
**Budget****Application for Immunization Subvention Contract Funds**

<div>1. Applicants Name</div> <div>Organizational Unit</div> <div>Street Address-PO Box</div> <div>CityCountyZip Code</div>	<div>2. Director of Project</div> <div>Name</div> <div>Title</div> <div>Degree</div> <div>Telephone #</div> <div>FAX #</div> <div>Email:</div>
<div>3. Budget Period</div> <div>From: 7/1/05 To: 6/30/06</div>	<div>4. Type of Application</div> <div><input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation</div> <div><input type="checkbox"/> Supplement <input type="checkbox"/> Revision</div>
<div>5. Amount Requested</div> <div>\$</div>	<div>6. Financial Management Official:</div> <div>Name</div> <div>Title:</div> <div>Address</div> <div>Phone</div>

County of \_\_\_\_\_  
(Department of Health Services)  
Contract Number \_\_\_\_\_

**EXHIBIT B  
BUDGET  
July 1, 2005-June 30, 2006**

<b>PERSONNEL</b>	<input type="text"/>
<b>FRINGE BENEFITS</b>	<input type="text"/>
<b>OPERATING EXPENSES OR GENERAL EXPENSES</b>	<input type="text"/>
<b>EQUIPMENT</b>	<input type="text"/>
<b>TRAVEL</b>	<input type="text"/>
<b>SUBCONTRACTS</b>	<input type="text"/>
<b>OTHER COSTS (CHC Admin Fee)</b>	<input type="text"/>
<b>INDIRECT COSTS</b>	<input type="text"/>
<b>TOTAL BUDGET</b>	<input type="text"/>

Applicant :  
Budget Period From: 7/1/2005 to 6/30/2006

I. Personnel Services	% of time or <u>hours on project</u>	Monthly salary range or <u>hourly rate</u>	Dollars required <u>from California</u>
<b>Total Salaries &amp; Wages</b>			
<b>II. Fringe Benefits @ _____%</b>			
<b>TOTAL PERSONNEL SERVICES + FRINGE BENEFITS</b>			

**FUNDING APPLICATION FOR IMMUNIZATION SUBVENTION CONTRACT FUNDS**

Applicant :  
 Budget Period From: 7/1/2005 - 6/30/2006

**DETAILED LINE ITEM BUDGET FOR THIS PROJECT**

	Required from <u>California</u>
<b>III. Operating Expenses</b>	
1) Office supplies	
2) Clinic supplies	
3) Health education materials	
4) Printing	
5) Other (telecommunications & postage)	
<b>IV. Equipment Expenses</b> (unit (s) which cost more than \$5,000)	
<b>V. Travel &amp; Per Diem Expenses</b>	
1) In-state travel	
2) Out-of-state travel	
<b>TOTAL Operating Exp. + Equipment + Travel &amp; Per Diem</b>	
<b>VI. Subcontracts</b> (description(s) on Exhibit B, Subcontract page(s))	
<b>VII. Other Costs</b>	
<b>TOTAL BUDGET =</b> <u>Personnel Costs+Fringe Benefits+Operating Exp.</u> <u>+Equipment+Travel+ Subcontracts +Other</u>	



## APPLICATION FOR IMMUNIZATION SUBVENTION CONTRACT FUNDS

## VI. Subcontracts

Budget Period From: \_\_\_\_\_ to \_\_\_\_\_

Name of Subcontractor: \_\_\_\_\_  
 Name of Consulting Firm: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, & Zip Code: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Federal Tax I.D. Number: \_\_\_\_\_

<b>I. Personnel Services (List positions)</b>	<b>% of Time or Number of Hours</b>	<b>Salary Range or Hourly Rate</b>	<b>Dollar Amount Requested from California</b>

Personnel Services Subtotal

Fringe Benefit Rate @

**Personnel Services subtotal**

## II. Operating Expenses

Supplies \_\_\_\_\_

Health Education Materials \_\_\_\_\_

Travel \_\_\_\_\_

Equipment \_\_\_\_\_  
 (unit (s) which cost  
 more than \$5,000)

**Operating Expenses subtotal****Subcontract Total =** (I. Per. Services + II. Operating Expen.)

**Note: A written justification of the above positions and operating expenses is required on attached Exhibit C - Budget Justification.**

**APPLICATION FOR IMMUNIZATION PROJECT SUBVENTION  
CONTRACT FUNDS**

**SHORT SUMMARY OF PROJECT** (Not to exceed 200 words)

---

Name of Project Director:

--

Name and Address of Applicant Including Organizational  
Unit Responsible for Project Activity:

--

**APPLICATION FOR IMMUNIZATION PROJECT SUBVENTION  
CONTRACT FUNDS**

**BUDGET JUSTIFICATION**

---

(Please provide written justifications for all positions and operating expenses requested on Exhibit B Budget. If additional space is required, attach additional pages.)